ACC.14
TCT@ACC-i2 | innovation in intervention

A1463
JACC April 1, 2014
Volume 63, Issue 12

Prevention

SUBCLINICAL PERIPHERAL ARTERY DISEASE AS A PREDICTOR FOR MORTALITY IN PATIENTS WITH CORONARY HEART DISEASE

Poster Contributions
Hall C
Monday, March 31, 2014, 9:45 a.m.-10:30 a.m.

Session Title: Prevention: Lipid Therapeutics and Subclinical Disease
Abstract Category: 20. Prevention: Clinical
Presentation Number: 1259-151

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Objective: We sought to investigate the association of low ankle-brachial blood pressure index (ABI) with all-cause and cardiovascular mortality in patients with coronary heart disease (CHD) and subclinical peripheral artery disease (PAD), evidenced by low ankle brachial index (ABI ≤ 0.9).

Methods: Consecutive patients with CHD and no previous history of PAD were prospectively evaluated with ABI measurements. An ABI≤ 0.90 in either leg was considered as evidence of asymptomatic PAD, and an ABI >0.90 was considered as normal. Patients with elevated ABI (>1.30) were excluded. The outcome of interest was all-cause mortality and cardiovascular mortality during 1-year follow-up.

Results: A total of 1910 patients with CHD (mean age 70±9 years, 50.9% men, 49.1%) were evaluated. Asymptomatic PAD was detected in 575 patients (30.1%) of the studied population. After a median follow-up of 13.4 months, 180 patients died. Multivariate Cox regression showed that low ABI was associated with a higher risk of cardiovascular death [hazard ratio (HR)=2.18, 95% confidence interval (CI): 1.35-3.53, P < 0.001] and a higher risk of all-cause mortality (HR=1.65, 95% CI: 1.18-2.30, P < 0.001) after adjusting for age, hypertension, diabetes, dyslipidemia, smoking, heart failure, history of stroke or transient ischemic attack, and coronary revascularization.

Conclusions: Subclinical PAD is common and associated with a worse outcome in patients with CHD. Screening patients with CHD by means of ABI may help to identify a high-risk group for increased mortality.